

OHPM (Provider Payments) 05-01-04-05 6147-090
Claims Paid August 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
OUTPATIENT HOSPITAL, GENERAL	\$ 3,820,755.23	13,283	\$ 287.64
INPATIENT HOSPITAL, GENERAL	3,382,642.51	1,367	2,474.50
PHYSICIANS SERVICES	2,367,008.82	22,895	103.39
DENTAL SERVICE	1,260,865.46	6,672	188.98
RURAL HEALTH CLINIC	776,075.85	4,768	162.77
FURNISHED MED SUP OR DME	602,202.35	3,387	177.80
HOME HEALTH SERVICES	568,100.59	939	605.01
PRIVATE DUTY NURSING	511,977.84	103	4,970.66
SKILL NURSING FAC NURSING HOME	285,763.10	133	2,148.59
PSYCHOLOGY	270,740.32	1,591	170.17
HOME&COMM BASED CARE - DI	230,303.27	99	2,326.30
PERSONAL CARE	117,268.00	45	2,605.96
AMBULANCE SERVICE	102,598.86	641	160.06
OPTOMETRIC SERVICES EYEGLASSES	91,557.77	2,412	37.96
ADULT MEDICAL DAY CARE	83,492.00	113	738.87
PHYSICAL THERAPY	63,182.14	287	220.15
FAMILY PLANNING SERVICES	53,349.52	290	183.96
WHEELCHAIR VAN	51,251.50	262	195.62
MEDICAL SERVICES CLINIC	51,028.03	320	159.46
LABORATORY (PATHOLOGY)	50,288.07	1,691	29.74
ADVANCE REG NURSE PRACT	25,108.31	256	98.08
SNF NURSING HOME ATYPICAL CARE	25,010.38	2	12,505.19
CLINIC SERVICES	17,955.13	278	64.59
OCCUPATIONAL THERAPY	14,612.30	63	231.94
I/P HOSPITAL SWING BEDS, SNF	13,175.90	6	2,195.98
PODIATRIST SERVICES	10,848.63	244	44.46
CHIROPRACTIC	5,979.40	161	37.14
CERTIFIED MIDWIFE (NON-NURSE)	5,830.11	10	583.01
X-RAY SERVICES	3,633.20	77	47.18
AUDIOLOGY SERVICES	3,241.05	91	35.62
SPEECH THERAPY	1,876.80	11	170.62
OUTPATIENT HOSPITAL, MENTAL	1,860.22	9	206.69
DAY HABILITATION CENTER	1,000.00	3	333.33
I/P HOSPITAL SWING BEDS, ICF	831.01	1	831.01
Subtotal Category of Service	\$14,871,413.67		
PROV SYS P/OUT NON CLM SPEC	50,862.61		
INS PREM CARR SYS P/OUT	24,990.77		
Missing	1,644.30		
PROV RECOUP NON CLM SPEC	(5,260.71)		
PROV REFUND CLM SPEC	(5,753.90)		
TPL CARR REFUND NON CLM SPEC	(49,002.02)		
PROV REFUND NON CLM SPEC	(230,820.25)		
RECIP REFUND NON CLM SPEC	(254,294.00)		
Subtotal refunds	\$ (467,633.20)		
IFS Transactions:			
BCCP	86,881.46		
HIPP IFS	537.11		
MEAD TE	(63,931.44)		
Current Yr Recoveries	(2,275.50)		
IFS PP Sub-Total	\$ 21,211.63		
Adjustments	544,583.92		
Total Expenditures per IFS	\$14,969,576.02		

Notes:

Claims paid data for August 2004

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for provider payments includes Fund Code A, including new MEAD clients and expenditures at the COS level.

Refunds include various claim-specific and non claim-specific recoupments or refunds.

IFS PP represents claims paid outside the medicaid claims system

Funder 57 Report provides additional details on adjustments.

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 7,529,016.69	32,749	\$ 229.90
BCCP	11,094.27		
Sub-Total	7,540,110.96		
Adjustments	(3,291.04)		
Total Expenditures per IFS	<u>\$ 7,536,819.92</u>		

Notes:

Claims paid data for August 2004.

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Adjustment amt is the difference between interim adhoc reporting and IFS.

DBH (Community Mental Health Expenditures) 05-01-11-04-01
Claims Paid August 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
MENTAL ILLNESS MGT SVCS (MIMS)	\$ 2,930,150.00	3,471	\$ 844.18
CASE MANAGEMENT SERVICES	2,146,105.00	4,625	464.02
PSYCHOTHERAPY SERVICES	408,915.00	2,781	147.04
FAMILY SERVICES	142,084.00	943	150.67
ACUTE SERVICES	136,528.00	280	487.60
ALL PSYCHIATRIC SERVICES	131,245.00	1,771	74.11
OTHER MEDICAID SERVICES	159.00	17	9.35
Total Expenditures	<u>\$ 5,895,186.00</u>		

Notes:

Claims paid data for August 2004

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Data for CMH expenditures includes Fund Code H

DEAS (Provider Payments) 05-01-10-04 6173-096
Claims Paid August 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
DISPENSE PRESCRIBED DRUGS	\$ 2,205,141.90	6,167	\$ 357.57
SKILL NURSING FAC NURSING HOME	311,036.28	345	901.55
SNF NURSING HOME ATYPICAL CARE	303,896.48	20	15,194.82
PERSONAL CARE	287,236.00	109	2,635.19
WHEELCHAIR VAN	200,372.50	1,000	200.37
OUTPATIENT HOSPITAL, GENERAL	132,104.27	897	147.27
FURNISHED MED SUP OR DME	99,645.91	690	144.41
PHYSICIANS SERVICES	65,900.27	2,227	29.59
INPATIENT HOSPITAL, GENERAL	49,206.01	141	348.98
ADULT MEDICAL DAY CARE	32,620.00	62	526.13
AMBULANCE SERVICE	13,033.71	197	66.16
RURAL HEALTH CLINIC	10,974.00	349	31.44
I/P HOSPITAL SWING BEDS, SNF	10,057.47	3	3,352.49
HOME HEALTH SERVICES	6,636.50	18	368.69
OPTOMETRIC SERVICES EYEGLASSES	4,920.03	189	26.03
I/P HOSPITAL SWING BEDS, ICF	4,846.84	2	2,423.42
PSYCHOLOGY	3,164.78	39	81.15
PODIATRIST SERVICES	1,579.74	133	11.88
DENTAL SERVICE	1,011.31	9	112.37
LABORATORY (PATHOLOGY)	747.37	24	31.14
OCCUPATIONAL THERAPY	548.99	4	137.25
PHYSICAL THERAPY	424.33	6	70.72
SPEECH THERAPY	201.60	1	201.60
ADVANCE REG NURSE PRACT	181.39	62	2.93
CLINIC SERVICES	130.68	1	130.68
X-RAY SERVICES	22.23	1	22.23
AUDIOLOGY SERVICES	12.00	1	12.00
Subtotal Category of Service	\$ 3,745,652.59		
PROV REFUND CLM SPEC	(142.97)		
Adjustments (Adjustments, Transfers)	250.95		
Total Expenditures per IFS	\$ 3,745,760.57		

Notes:

Claims paid data for August 2004

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Funder 57 Report provides additional details on adjustments.

Data for BEAS Provider Payments represents Fund Code J costs.

DEAS (Nursing Home) 05-01-10-04 6173-090
Claims paid August 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
INTERMED CARE FAC NURSE HOME	\$14,443,278.28	4,486	\$ 3,219.63
ICF NURSING HOME ATYPICAL CARE	292,115.40	57	5,124.83
SKILL NURSING FAC NURSING HOME	10,319.18	7	1,474.17
I/P HOSPITAL SWING BEDS, ICF	6,975.10	6	1,162.52
Subtotal Category of Service	14,752,687.96		
Adjustments	68,369.37		
Nursing Home Expenditures per IFS	<u>\$14,821,057.33</u>		

Notes:

Claims paid data for August 2004

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Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Nursing Home payments includes only Fund Code B

Funder 57 Report provides additional details on adjustments.

DDS 05-01-13-01-00
 Claims paid August 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
Case Management	\$ 820,997.70	3,140	\$ 261.46
Personal Care (Residential) Services	6,814,126.82	1,491	4,570.17
Day Services	2,812,394.79	1,571	1,790.19
Family Support Services	128,756.15	359	358.65
Other Specialized Services	103,065.81	91	1,132.59
Consumer Directed Services	135,416.53	41	3,302.84
Early Intervention	224,159.68	421	532.45
Total Expenditures	<u>\$11,038,917.48</u>		

Notes:

Claims paid data for August 2004

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